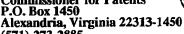
⇒ PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria Virginia 22313-1450





or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

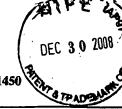
maintenance fee notificat	ions.		7-173								
CURRENT CORRESPONDE	INCE ADDRESS (Note: Use Blo	ock 1 for any change of address)	Feet pape	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
66991	7590 10/07/	r2008	пам		· ·						
LAW OFFICE 15400 CALHOU SUITE 125	OF MICHAEL A IN DR.	. SANZO, LLC	I he Stat addı tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.							
ROCKVILLE, M	1D 20855			(Depositor's name)							
						(Signature)					
						(Date)					
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.					
10/772.089	02/05/2004		Michael R. Farzan		7570/80968	4152					
TITLÉ OF INVENTION: POLYPEPTIDES DERIVED FROM ANTI-HIV-1 GPI 20 ANTIBODIES THAT ABROGATE GPI 20 BINDING TO CCR5.											
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DU	E DATE DUE					
noaprovisional	YES	\$755	\$300	\$0 12/31/2	\$1055 908 SDENROB4 000000	01/07/2009 46 10772089					
EXAM	INER	ART UNIT	CLASS-SUBCLASS	01 FC:2	501	755.00 OP					
PARKIN. J	EFFREY S	1648	530-300000	02 FC:1	504	300.00 OP					
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Michael A. Sanzo Law Office of Michael A. 2 3								
3. ASSIGNEE NAME A	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)							
PLEASE NOTE: Unl recordation as set forti	ess an assignee is ident n in 37 CFR 3.11. Comp	ified below, no assignee bletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assigne assignment.	e is identified below, the	document has been filed for					
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)								
The Brigham and Women's Hospital, Inc. Boston, Massachusetts											
Please check the appropri	iate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🔀 Co	rporation or other private g	roup entity Government					
4a. The following fee(s) are submitted: Sissue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s) any deficiency, or credit any overpayment, to Deposit Account Number 50-4056 (enclose an extra copy of this form).								
5. Change in Entity State a. Applicant claim	tus (from status indicates s SMALL ENTITY statu		b. Applicant is no lon	ger claiming SMAL	L ENTITY status. See 37	CFR 1.27(g)(2).					
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req records of the United Sta	uired) will not be accepte tes Patent and Trademark	ed from anyone other than k Office.	the applicant; a regis	stered attorney or agent; or	the assignee or other party in					
Authorized Signature	Michael	A. Sange	Date December 30, 2008								
Typed or printed name	-		···	Registration N							
an application. Confiden submitting the complete this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 dapplication form to the ions for reducing this bu lirginia 22313-1450. DC 13-1450.	U.S.C. 122 and 37 CFR U.S.PTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	1.14. This collection is es depending upon the indi- ne Chief Information Offic COMPLETED FORMS T	timated to take 12 n vidual case. Any cop er, U.S. Patent and 'O THIS ADDRESS	ninutes to complete, include inments on the amount of Trademark Office, U.S. De	and by the USPTO to process) ling gathering, preparing, and time you require to complete epartment of Commerce, P.O. er for Patents, P.O. Box 1450, ol number.					

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

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appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed of	ng the Patent, advance herwise in Block 1, by	orders and notification of r (a) specifying a new corres	naintenance fees w spondence address;	vill be mailed to and/or (b) indi	the current of cating a separ	correspondence address as rate "FEE ADDRESS" for		
CURRENT CORRESPOND	Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.							
66991	7590 10/07	7/2008	nav		-		niccion		
LAW OFFICE 15400 CALHOU SUITE 125	OF MICHAEL A JN DR.	State	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
ROCKVILLE, N	MD 20855						(Depositor's name)		
							(Signature)		
							(Date)		
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/772.089	02/05/2004		Michael R. Farzan	zan 7570/80968			4152		
TITLE OF INVENTION	: POLYPEPTIDES DEF	RIVED FROM ANTI-H	IIV-1 GP120 ANTIBODIES	S THAT ABROGA	TE GP120 BINI	OING TO CCI	R.5.		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	E FEE TOTAL	FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755	\$300	\$0		\$105 5	01/07/2009		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS]					
PARKIN, JEFFREY S 1648			530-300000	•					
1. Change of correspond	ence address or indication	on of "Fee Address" (37				Michael	A. Sanzo		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternati	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Law Office of Michael A. Sanzo, LLC					
"Fee Address" ind	ication (or "Fee Address)2 or more recent) attact		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
			N THE PATENT (print or ty)						
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Com	tified below, no assign pletion of this form is N	ee data will appear on the p IOT a substitute for filing an	atent. If an assign assignment.	ee is identified l	below, the do	cument has been filed for		
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	and STATE OR C	OUNTRY)				
The Brigham and	Women's Hospital,	, Inc.	Boston, Massachu	setts					
Please check the appropr	iate assignee category or	r categories (will not be	printed on the patent):	Individual 🖬 Co	orporation or oth	er private gro	up entity Government		
4a. The following fee(s)	are submitted:		4b. Payment of Fee(s): (Plea	se first reapply an	ny previously pa	id issue fee s	hown above)		
Issue Fee		0	A check is enclosed.	~					
Publication Fee (P	No small entity discount # of Copies	The Director is hereby	☐ Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(c), any deficiency, or credit any						
			overpayment, to Depo	sit Account Numbe	±50-4056	_ (enclose an	extra copy of this form).		
 Change in Entity Sta a. Applicant claim 	tns (from status indicate is SMALL ENTITY stati		b. Applicant is no lon	ger claiming SMAI	LL ENTITY stat	us. See 37 CF	R 1.27(g)(2).		
NOTE: The Issue Fee an		uired) will not be accer	oted from anyone other than tark Office.	he applicant; a regi	stered attorney o	or agent; or the	e assignee or other party in		
Authorized Signature	Mil.	A. Sange		Date Dec	ember	30,20	708		
Typed or printed nam	Miller I A	Sanzo		Registration N	26.0	•			
This collection of inform	nation is required by 37 (CFR 1.311. The informa	ation is required to obtain or a	retain a benefit by the	he public which	is to file (and lete, including	by the USPTO to process)		

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Law Office of Michael A. Sanzo, LLC Practice Limited to Patent Law

December 30, 2008

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U.S. Patent and Trademark Office
Customer Service Window, MS Issue Fee
Randolph Building
401 Dulany Street
Alexandria, VA 22314

Re: Payment of Issue and Publication Fees

Appl. No.: 10

10/772,089

Filed:

February 5, 2004

Title:

Peptides Derived from Anti-HIV-1 GP120 Antibodies that Abrogate GP120 Binding

to CCR5 (as amended)

Inventor(s):

Farzan, et al.

Atty. Dkt.:

7570/80968

Sir:

The following documents are being forwarded herewith for appropriate action by the U.S. Patent and Trademark Office:

- 1. Part B Fee(s) Transmittal (in duplicate);
- 2. Change of Fee Address;
- 3. Our Check in the Amount of \$1055.00; and
- 4. Return postcard.

Our enclosed check covers the Issue Fee (\$755.00) and Publication Fee (\$300) for this application (small entity status claimed). The Director is hereby authorized to charge any fee deficiency with respect to this filing, or credit any overpayment to our Deposit Account No. 50-4056 under Order No. 7570/80968.

It is respectfully requested that the enclosed postcard be stamped with the date the enclosed documents are received by the PTO and that it be returned as soon as possible.

Very truly yours,

LAW OFFICE OF MICHAEL A. SANZO, LLC

Michael A. Sanzo Reg. No. 36,912

Attorney for Applicants